CERTIFICATE OF TRANSMITTAL

Express Mail Label No. EV438739287US

Alexandria, VA 22313-1450.

Date: June 1, 2004

I hereby certify that this correspondence is being deposited

with the U.S. Postal Service as Express Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450,

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the application of:

Inventor: Di Emidio

Serial No. 10/035,053

**FORM PTO-1083** 

Filed: December 28, 2001

	•										
For:	ANTI-TRAUMA SURGICAL PLATE USED TO FIX MANDIBULAR STUMPS										
[x ]		ANTI-TRAUMA SURGICAL PLATE USED TO FIX MANDIBULAR STUMPS  Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.  A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.  No additional fee is required.									
[]	A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.										
[x] No additional fee is required.											
The fee has been calculated as shown below:											
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADD. FEE	<u>OR</u>	RATE	ADD. FEE	
TOTA	\L	2	MINUS	** 20	0	x 9	\$ -0-		x 18	\$	
INDE	P	2	MINUS	*** 3	0	x 43	\$ -0-		x 86	\$	
FIRS	ΓPR	ESENTATION OF	MULTIPL	+145	\$		+290	\$			
	*			ocs than the entry in		TOTAL	\$ -0-	<u>OR</u>	TOTAL	\$	

- If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

[ ]	Please c	harge my Deposit Account No. 02-2839 in the amount of \$_	A duplicate copy of this sheet is enclosed.							
[ ]	A check	in the amount of \$ is attached.								
[x ]	The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <u>02-2839</u> . A duplicate copy of this sheet is enclosed.									
	[x ]	Any filing fees under 37 CFR 1.16 for the presentation of ex	tra claims.							
	[x ]	Any patent application processing fees under 37 CFR 1.17.	An out line							
Case D	ocket No	21429-PA	When M House June 1, 2004							

Robert M. Gamson Reg. No. 32.986